

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/937558

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3		1					53						
4		1					54						
5		4					55						
6		4					56						
7		4					57						
8		0					58						
9		0		1			59						
10		0		1			60						
11		0		1			61						
12		0	1				62						
13		0		1			63						
14		0		1			64						
15	1		1				65						
16		1		1			66						
17		2		1			67						
18		0		3			68						
19		0		3			69						
20		1		1			70						
21			1				71						
22				1			72						
23				3			73						
24				3			74						
25			1				75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		4				TOTAL IND.						
TOTAL DEP.	28		28				TOTAL DEP.						
TOTAL CLAIMS	30		32				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS

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